TO FUNERAL DIRECTOR: After this certificate has been signed by the attending polysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00000	OLIVIIIIOAII	L OI DEATH		110000
1. PLACE DF DEATH a. CDUNTY		2. USUAL RESIDENCE (When	re deceased lived, If Institution: b. COUNTY	Residence before admission)
Dorchest	ter MARYLAND	/		les adams
b. CITY OR TOWN (if outside corpo write RURAL and give nearest t	orate limits, c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If butside	corporate limits, write RUR	AL and give nearest town)
Taylors Islan		Churck	Creek, R.D.	09-1
d. NAME OF HOSPITAL OR INSTITU	TION (if not in hospital, give street address)	d. STREET ADDRESS	on out of his	e. IS RESIDENCE ON A FARM?
Rural		Rural		YES ND X
3. NAME OF DECEASED (Type or print)	First Middle	Last 4. D	F	Day Year
5. SEX 6. CDLOR OR RAC	TE 7. MARRIED NEVER MARRIED	tkins Sr. J B	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS. B Days Hours Min.
Male	The state of the s			Days Hours Min.
White 1Da. USUAL OCCUPATION (Give kind of wo	orkdone 10h KIND OF BURINESS OF	Dec. 23, 1898	State or foreign country) 12	CITIZEN OF WHAT
during most of working life, even if ret Auto Mechanic Re	ired) INDUSTRY			CDUNTRY?
	tired	Dallas, Texa		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Unknown		Unknown		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give war or date	FDRCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT	Address	
No	001-03-2628 Mr	s.Joseph Laml	din, Taylors	Island, Md
18. CAUSE DF DEATH [Enter only	one cause per line for (a), (b), and (c).			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED	BY: (relied the	sular bio	100	ONSET AND DEATH
IMMEDIATE CAU		more page	0-7-12-	
Conditions, If any, which \	UE TO	1 1/2 -1	1	
gave rise to immediate	(b) Celebrat (la	College Sec	um	
cause (a), stating the	UE TO CATO	0		12
underlying cause last.	(c) accerts of	unor X	COMPLETION OF THE PART TO	a) 19. WAS AUTDPSY;
PARTITI. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED ID THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(PERFORMEO?
PARTII. OTHER SIGNIFICANT CONDI	DESCRIBE HOW INJURY OCCUMENTAL MINER)	JRRED. (Enter nature of Injury	in Part 1 or Part II of Item	18.)
	av. Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 2	Of. (City or town) (0	County) (State)
Hour a.m.	While Not While facto	ory, street, office bldg., etc.)		
	19 at work at work	- 4/		7-/
	ospital) attended the deceased from	17, 1975	Pa .	(c) that (l) (we) last
saw the deceased alive on_	Jun 10 1900, and that	t death occurred at	from the causes and or	
22a. SIGNATURE		ATTENDING MED.		DATE SIGNED
W In In	M.I	o. Titto.	OR PHYS.	
22c. PHYSICIAN'S NAME (Type)	bud Ved	22d. ADDRESS		
23a. BURIAL, CREMATION, 23b. DAT	TE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d	LOCATION (City, town or	county) (State)
Burial June	21.1966 Old Trinit	y Churchyard	Church Cree	k.Md.
24./ UNERAL DIRECTOR	ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGISTR	AR'S SIGNATURE
X AVX At	Cambridge,	Md. IIIN o	2 1966 Jolian	
special , o	- may	DAYEUN	5 1000	0

VR AI5 (4) 20M I/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

> A.15 (4) M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(1835)

1.	PLACE OF DEATH	Н				E (Where deceased		Residence before admission)
	a. COUNTY	Dorcheste	r	MARYLAND	a. STATE Maj	ryland	b. COUNTY DO	rchester
	b. CITY OR TOW	N (if outside corporat and give nearest tow		c. LENGTH OF STAY IN 1b			te Ilmits, write RURA	L and give nearest town)
		and give nearest tow bridge	n)	Life	Car	nbridge	- Rural	09.1
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (If not in h	Ospital, give street address)	d. STREET ADDRESS		2002 002	e. IS RESIDENCE
		idge Mary		THE RESERVE OF THE PARTY OF				YES NO X
3.	NAME OF		rst	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Edwar	d	E	ailey	OF DEATH	June	2 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH	9. AG		PI VEAR HELINDER 24 HRS
	Male	Negro	WIDOWED		lav 31. 189	91 75	yrs.	
102	a. USUAL OCCUPAT	ION (Give kind of work a	done 1Db. H	IND OF BUSINESS OR	11. BIRTHPLACE (Co		oreign country) 12.	CITIZEN OF WHAT
uul	Labo		.,	INI COURT	Dorches	ster Co		WSA
13.	. FATHER'S NAM	IE .			14. MOTHER'S MAID			
		John Ba	ilev		Mati	lda En	nals	
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(46	No No	(If yes give war or dates of		212-16-1580	Fred Bail	lev	Cambridg	e. Md.
		DEATH [Enter only on		line for (a), (b), and (c).]	TI CU DEL		A THE	I INTERVAL BETWEEN
	PART I. DE	EATH WAS CAUSED BY	w Co	rebral Vascu	lan Accide	nt		ONSET AND DEATH
	4200	IMMEDIATE CAUSE	(-/	LOUICE VESCU.	rat Hoorage	1110		
	Conditions, If	any which \		teriosclerot:	ic Heart T)i sense		
	gave rise to	immediate (RELITOSCIETO C.	LO HOGI D	20000		
	cause (a), si underlying caus	tating the						
NO			(c) NS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATI	735779		SOF					PERFORMED?
CERTIFICATION	2Da. ACCIDENT	WAS UNDERLYING	2Db.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part 1	or Part II of Item 1	
CER	OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMIN	NER)					
CAL		INJURY Month, Day,		Lanta	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 2Df. (City	or town) (C	ounty) (State)
MEDICAL	Hour a.r		While at wor	Not while	i,, su eet, omce mag., e	(6.)		
-				led the deceased from A	oril l. 19	9 66 to J	une 2. 19	66 that (I) (we) last
		ceased ative on J			death occurred at			the date stated above.
	22a. SIGNATU		1-	2/			22b.	DATE SIGNED
		Just	pu	M.D		MED. DIRECTOR [STAFF 6.	-2-66
		ANUC SO			22d. ADDRESS			
	22c. PHYSICIA				707 5			
238	22c. PHYSICIA NAME (T		vin Fa	assett, M.D.	727 P	ine Str	eet Cam	bridge, Md.
230	NAME (T)	MATION, 23b. DATE 1		assett, M.D.		23d. LOCAT	ION (City, town or o	ounty) (State)
230	NAME (T) a. BURIAL, CREN REMOVAL (Spe	MATION, 23b. DATE 1	HEREOF		OR CREMATORY	23d. LOCAT	ion (city, town or chester C	ounty) (State)
24	name (T) a. Burial, crew Removal (Sp) Burial Funeral Dire	MATION, 23b. DATE 1 ecify) 6/4/66	HEREOF	23c. NAME OF CEMETERY Cordtown	OR CREMATORY	23d. LOCAT	ion (city, town or chester C	ounty) (State)
	name (T) a. Burial, crew Removal (Sp) Burial Funeral Dire	MATION, 23b. DATE 1 6Clfy) 6/4/66	HEREOF	23c. NAME OF CEMETERY Cordtown	OR CREMATORY 25a. REC	23d. LOCAT	ion (city, town or chester C	ounty) (State)

reference and problems

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THE THE PERSON NAMED OF PARTY OF PARTY OF THE PERSON NAMED IN THE

J. Edita Assett, M. D. 977 Pine Pine Daniel Danielles

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08372 CERTIFICATE	OF DEATH (1836)
PLACE OF DEATH a. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) Ambridge Few 115.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR-INSTITUTION (If not in hospital, give street address) Ombridge Mary/and	ON A FARM? YES NO
NAME OF DECEASED (Type or print) SEX 6, COLOR OR RADE 7, MARRIED NEVER MARRIED 1 8	Last 4. DATE Month Day Year OF DEATH 6 13 1966 DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
Tale white WIDOWED DIVORCED	1/11/1880 Sast birthday) Months Days Hours Min.
USUAL OCCUPATION (Give kind of workdone ng most of working life, even if retired) iNDUSTRY	Kansas Goungar, A.
enery Boevers	Augusta Lomband
WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17.	Helen Gale- Vienna, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TIVE HEART INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH OS
434/ DUE TO	
Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	LEC WAS AUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	5 /10, 19 6 to 6 /13, 19 6 that (1) (we) last

MEDICAL CERTIFICATION saw the deceased alive on_ 96 C, and that death occurred at 77M, from the causes and on the date stated above. SIGNATUR 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. ADDRESS PHYSICIAN'S NAME (Type) 22c. BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REGISTRAR'S SIGNATURE N 2 0 1966 25b. 1966

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11311611 PUS HIELD BUSINESS TWINE SKERE STATIONS OF STREET Francia Prenent Standard Francia Das Helen book - Leon a find 是一点主从在自己的企业是有一个。 第二点:"你是你是我们的是我们的是我们的是我们的。" STUTE Commens Por K Chin on die 1940 The the state of the New York I all the Bee from the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
1)8361

	· · · · · · · · · · · · · · · · · · ·	OU U
a. COUNTY Dorchester	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE Maryland b. COUNTY Dor.	chester
MARYLANO MARYLANO		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a Rural-Cambridge	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I e. IS RESIDENCE
Cambridge Maryland Hespital	Taylors Island	ON A FARM?
3. NAME DF First Middle DECEASED EDITH RIDGWAY BOTLI	Last 4. DATE Month	Oay Year
(i) po or printy		
- 1 . MANNIED A I NEVER MANNIED	July 22, 1894 9. AGE (In years IF UNDER 1 Months IF UNDER 1	Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWILE	Norristown, Penna. 12. CIT COL	TIZEN OF WHAT USA
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
William G. Ridgwa y	Mary Orbison	
	INFORMANT • Wallis Boileau, Taylors Islan	nd. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND OEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebral I	Hemorrhage	30 Hours
33/X DUE TO		
	, generalized and cerebral	1 vr. +
gave sice to lemodate		J
cause (a), stating the underlying cause last. DUE TO Arterio sclerosis, Generalized and ce	erebral	1 yr. +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	FED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Oay, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLAC While Not While at work at work	ry, street, office bldg., etc.)	
21. I certify that (I) (Missingspital) attended the deceased from 1/2	1 = 228 , 1966, to 6-12-, 19 6	
saw the deceased alive on $6-12-1966$, and that	death occurred at 12:30, From the causes and on th	e date stated above.
Clerichar Hi Wolf M.O.	ATTENOING MEO. STAFF	TE SIGNED
22c. PHYSICIAN'S	22d. ADORESS	
NAME (Type) Eldridge H. Wolff, M. D.	615 Locust Street, Cambridge	, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Buria 1 June 15, 1966 West Laurel Hi	ill Cemetery Philadelphia, Pe	enna.
24. FUNERAL DIRECTOR AODRESS LeCompte Funeral Service, Cambridge, Mary	vland 25a. REC'D BY REGISTRAR 25b. ALLICIPAN	Signand
, , , , , , , , , , , , , , , , , , , ,	DATE	_

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usia i June 15, 1966 kest inurel Hill Comptery Entladelphia. Found.

FOR STATE HEALTH DEPT.

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any o...ay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR AISME (5) MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OR 37

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

WEDIOAL EXAMINERS	OFWILL OF DEVIL	10303
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Re	esidence before admission)
DORCHESTER MARYLAND	O. STATE MARYLAND b. COUNT) O	R
b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	end give nearest town)
write RURAL and give neerest town)	FAST NEW MARKE	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
	d. STREET ADDRESS	ON A FARM?
CAMBRIDGE HOSPITAL		YES NO
3. NAME DF First Middle	Lest 4. DATE Month	Day Year
(Type or print) LLIZA ISETH M. 1)	ELAHA DEATH JUNE	4 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER: Months Months	
WIDOWED OIVORCED	9/1/103 62 yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
Hovern to bun home	MARYLAND	UNTRYT
18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	13.77
T. W. MERRICK	IDALIA MOWBR	44
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	WIM.C. DELAHA	
	MINICI DECITIVA	
18. CAUSE OF DEATH [Enter only one ceuee per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:	0001.001.00	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONA CY	OCCLUSION	ZHRS
4201 OUE TO		
Conditions, if eny, which (b)		
geve rise to immediate cause (a), stelling the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 200. PLAY factor of twork of two	IRRED. (Enter nature of injury in Part I or Part II of Item 18.	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
Hour e.m. While Not While	ry, street, office bldg., etc.)	
	d on Autonov D Inquity D	and in my opinion
21. I certify that I took charge of the remains described above, hel		and in my opinion
death resulted from: Natural causes Accident , Sui	cide, Homicide, Undetermined manner	
ACTUAL X 21 - 21	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE COMPANY	M.D. ASSISTANT MEDICAL EXAMINER	e la le a
EXAMINER'S ALL MISSION	DEPUTY MEDICAL EXAMINER	(161B6
NAME (Type) JOHN / LACE OK	Address (Street, city, town, or county)	-/-/-
236 BURIAL, CREMATION, 23b. DAJE THEREOF 236 TAME OF CEMETERY		nty) State
operal of 11 of meshing	grow Thellock	1KK
24 FUNERAY DIRECTORY A AODRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VILLX./ pelozgroff Cast New /he	skel ster 9 1966 Schanler	Judge
		10

WATER STREET STREET AND ADDRESS. -1042/A M O COBERSE THE R. LEWIS CO. LANSING MICH. LANSING MICH. LANSING MICH. SP. LEWIS CO., LANSING MICH. whole if helian in Secretary Secretary Commencer Control of the Contro

23c.

NAME OF CEMETERY

00 VR ALSME (5) 1/65

NAME (Type)

BURIAL, CREMATION,

REMOVAL (Specify)

UNERAL DIRECTOR

23b

DATE THEREOF

REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b.

Address (Street, city, town, or county)

23d. LOCATION (City, town or county)

e. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO F

(State)

PERFORMED?

and in my ppinion

22. DATE SIGNED

YES

(County)

YES

Day

12. CITIZEN OF WHAT

COUNTRY

NO X

Min.

Md DATE

CREMATORY

SHALL BE 1986 Streets Freder

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08376	CERTIFICATE	OF DEATH		08365
	o. COUNTY Dorchester	MARYLAND	o. STATE	sland b. COUNT	KENT
_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest from) d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	c. LENGTH OF STAY IN 1b	d. STREET ADDRESS	Carparate limits, write RURA	14 - 2 e. IS RESIDENCE ON A FARM?
	Eastern Share	State Hisp	Navn	DATE / Month	YES NO
L	DECEASED (Type or print)	Anna	Goodman	OF DEATH Vune	16 1966
	F up wi	DOWED DIVORCED	5-27-72	94 Yrs.	Manths Doys Hours Min.
0	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta	and	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME LESTEY PIE	erce	14. MOTHER'S MAIDEN NAME	Goods	nan
	15. WAS DECEASED EVER IN U. ARMED FORCES? (Yes, na, acupknown) (If yes give war or dates af servi		FORMANT Conts- East	Address Share	State Assp.
F	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).)	roma		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove) (b)	General 1	le hi li taken		(Nan
	rise ta immediate cause (a), stating the underlying couse last.	general s red	,	elerosei	Glan
10012	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	0/ /	,	ON GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Port	l or Port II of item 18.)	
100	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19		E OF INJURY (Hame, farm, ory, street, office bldg., etc.)	20f. (City or tawn)	(County) (Stote)
1	21. I certify that (this hospital) saw the deceased alive on	ottended the deceased from	death accurred of	6 , ta 6-16 A M, fram causes a	nd on the dote stated abave
	22a. SIGNATURE John B.	Webster M.D	ATTENDING MED PHYS. DIRE	CTOR STAFF	22b. DATE SIGNED 6-16-66
	22c. PHYSICIAN'S NAME (Type) John B.	Webster	22d. ADDRESS Easter	n Shor	e Ante Has
	23a. BURIAD, CREMATION, ARMOVAL (Specify) 23b. DAYE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY Com	23d LOCATION (City or Tow	n) (County) (State)
	24 FUNERAL DIRECTOR	ADDRESS /	250 REC'D BY	REGISTRAR 25b REG	ISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please ferrove carban papers. Pages 1 and 3 should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after deaph.

VR A15 (4) 20 M 1/66

Hornes aratons Estatem H. 100 De Geles Line Culta Local man Nearly homen Syn Sele The state of the s Constitution of the second state of the second Les Eastern S The state of the s

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
	FISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
08377	CERTIFICATE OF DEATH	08366

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Dorchester MARYLAND	Maryland Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cambridge Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Cambridge 09./
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Cambridge Maryland Hospital	911 Maces Lane YES □ NO 🛣
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Winfield LeCompte	Henson DEATH June 4, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male Negro WIDOWED DIVORCED	Oct. 1. 1906 59 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer	Dorchester Co. Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Henson	Emma Henson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) (If yes give war or dates of service) No 217-10-8902	Ruth Henson Canbridge, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	ONSET AND DEATH
IMMEDIATE CAUSE (a) Uremia Caroll	ac Decompensation-Severe
44 -X DUE TO	Anemia
conditions, If any, which gave rise to Immediate (b) Hypertensive Car	diovascular Renal Disease
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Diabetes Mellit	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIPIONS 2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Contributions CONTRIBUTING TO DEATH BUT NOT RELIPIONS C	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While at work at work	13, 41001, 41100 1148, 4001,
21. I certify that (I) (this hospital) attended the deceased from	May 28 1966 to June 4, 19 66 that (1) (we) last
	t death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M. M.	D. ATTENDING MED. STAFF DIRECTOR PHYS 6-4-66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) J./Edwin Fassettt M.D.	. 727 Pine Street Cambridge, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify) 6/7/66 Bethe	Cambridge, Md.
4-7	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
24 Frederick C. St. Clair Cambridge	, Md. WHEN I 3 1966 followles Judge
	DAIL

VR AI5 (4) 20M 1/65

89830 test and or the transfer of th Sannes Cambridge A NOT CORE TO SEE SHEET THE SECOND STREET OF SECOND 275-16-2 Garden Garden Garden Garden Land Control of the Control o a select selection and an environment of the selection of . A Punceto demont and the Alexander of The section of the contract of the section of the s

FOR STATE HEALTH DERT. al director. Page for your titles. t State and 3 to the funer may 2 wit 2, ar 3e 5 r and in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page pages any

Office along with burial-transit perm

Medical

writing to Chief A Page 3 s

should be forwarded to the Chi

ease execute the certificate,

EDICAL

should

prior

designated

or its

PLACE OF DEATH a. COUNTY

b.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-								1,0	9 0	19
	USUAL	RESIDENCE	(Where	deceased	lived,	lf in	stitution:	Residence	before	a dmissio
	a. STATE	2.0	-		b. CO	UNT	Υ Υ			
		Mary	Lan	d			Do	rche	Ste	יקי

Dorenester	MARYLAND	Maryland	Dorchester
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (If outside corporate limits, wr	
Cambridge	Tifo	Combadao	10-1

Campriage d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE

500 Dobson Street Street 500 Dobson YES NO X 3. NAME OF Middla 4. DATE Last Month Day Year DECEASED OF DEATH (Type or print) Annie E. Jackson 1966 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS.

last birthdey) Months Female WIDOWED TO Feb. 1890 DIVORCED T 10a, USUAL OCCUPATION (Giva kind of work BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

Domestic Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

USA

ON A FARM?

John Ennals

Elizabeth Burroughs 17. INFORMANT

	No			Dorothy	Jackson	Cambridge,	Md.
1	18. CAUSE OF	DEATH Enter only one c	ause per line for (e), (b), end (c).	1			INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Coronary oc	clusion			Instan
	420	/ DUE TO					
	Conditions, if a						
	geva rise to Imme (e), stating the	A DIM TO					
	cause last.) (c)_					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.

20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING |

CERTIFICATION CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town)

While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. |

(Yes, no, or unkown) | (Ifyesgivewar or datas of service)

factory, straet, office bldg., etc.) Inspection X Inquiry

and in my opinion

PERFORMED?

NO K

(Stete)

death resulted from: Natural causes X Suicide Homicide ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DATE SIGNED 6/7/66

John Mace, Jr. M.D. NAME (Type) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Cambridge.

Md. 22d. LOCATION (City, town, or county) (State)

(County)

REMOVAL (Specify) 6/5/66 Burial ADDRESS

Bethel

Cambridge REC'D BY REGISTRAR R'S SIGNATURE

Undetermined manner

Ple. 4 sh. TO FUI. Health

EXAMINER'S

EUNERAL DIRECTOR St. Clair Cambridge, Md.

VR AISME 5M 1/63

1 TESTEDITORO. 11) N monaturi, quadrou the parties

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

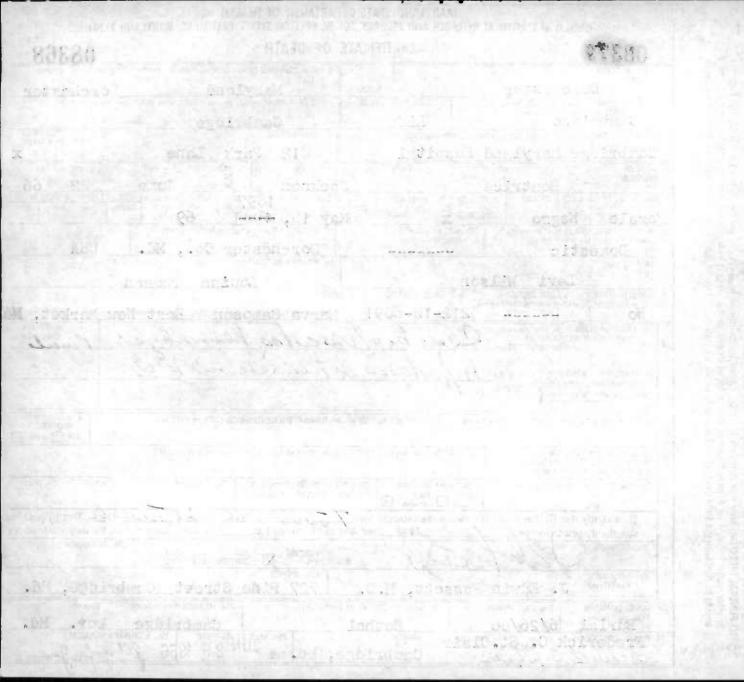
	08379	CERTIFICATE	OF DEATH		08368
1.	PLACE OF DEATH			here deceased lived, if institution: Res	sidence before admission)
	a. COUNTY Dorchester	MARYLAND	o. STATE	vland b. COUNTY	Dorchester
-	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		side corporate limits, write RURAL and	
	write RURAL and give nearest town) Cambringe	Life	Com	bridge	00.1
H	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	orrage	l e. IS RESIDENCE
				nels Tana	ON A FARM?
=	Cambridge Maryland			ark Lane	YES NO X
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Doy Year
L	(Type or print) Beatrice		ackson	DEATH June	22 19 66
5.	SEX 6. COLOR OR RACE 7. MA		8. DATE OF BIRTH 189	7. 9. AGE (In years IF UN Mont	DER I YEAR IF UNDER 24 HRS. hs Days Haurs Min.
1	Female Negro WIL	DOWED DIVORCED 🔲 [V	lay 18. 494	69 yrs.	
	Oo. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign cauntry) 12	2. CITIZEN OF WHAT
du	uring mast af warking life, even if retired) Domestic	INDUSTRY	Dorches	ter Co., Md.	COUNTRY?
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Levi Wils	inn	T	outsa Thomas	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
0	Yes, no, or unknown) (If yes give war or dates af service)	212-18-6091	Marva Sam	name Want Na	w Market. Mo
ATION	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause (c)	Hypotasas B		DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in I	Port I or Port II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m.		CE OF INJURY (Hame, farm lary, street, office bldg., etc.)		(Caunty) (Stote)
	21. I certify that (I) (this haspital) sow the deceased alive on 220. SIGNATURE		t death accurred at	M, from causes and a	19 <u>66</u> , that (I) (we) last on the date stated above. b. DATE SIGNED
	22c. PHYSICIAN'S	exist M.	D. PHYS. 22d. ADDRESS	MED. STAFF PHYS.	
	NAME (Type) J. Edwin	Fassett, M.D.		e Street Camb	ridge, Md.
2	30. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tawn)	(County) (State)
1	REMOVAL (Specify) Burial 6/26/66	Bethel		Cambridge	Dor. Md.
-	more mercent of COLOO		25g RECT	BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE
	24. FWP ederick C. St. C	Lair			early Judge
10	- Kelvick C. Gelies	Campridge	DAIE -	HO TOPO A	TON MORE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4)



6/12/66

Cambridge,

VR A15ME (\$) 6M 1/66

Fork Neck Cemsetery Dorchester County 25b. REGISTRAR'S SIGNATURE 25a, REC'D, BY REGISTRAR

Dorchester

12. CITIZEN OF WHAT COUNTRY?

IISA

R.F.D.2

(County)

(County)

INTERVAL BETWEEN

19. WAS AUTOPSY PERFORMED?

NO X

(Stote)

ond in my apinian

22. DATE SIGNED

ONSET AND DEATH

e. IS RESIDENCE ON A FARM?

YES NO 🔼

Уеаг

IF UNDER 24 HRS.

19 66

Calle

4.

VR A1S (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U8381 Item #ld Film #U370 0/22/00 pc	08370
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived,	
DORCHESTER MARYLAND 8. SWE DOLLAND 6. COL	THE TOPPE CHANG
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, w	rite RURAL end give neerest town)
Write RURAL end give neerest town) HURLOCK DENTON	25-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Bellehaven Nursing Home	ON A FARM?
3. NAME OF First Middle Last 4. DATE Mo.	
(Type or print) HARVEY LARAMORE DEATH JUN	NE 17 1966
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED NOV 30 1890 75 VIS	Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country)	y) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired) FIS HITE C MARY LAND	11 800
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1 00010
LOSEPH LARAMORE LILLTE THOM	24
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (lifyes giva war or detes of service)	055
NO MIKS, PEARL MOBILISTER.	DEMICH WA
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Congestive Heart Failure wit	h lyr
334X DUE TO	
Conditions, if any, which gove rise to immediate cause (b) Crebral Arter oslerosis	lvr
↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	
couse last. (c) Generalized Arriver I se as	5 v r
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTHO FRILATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
7 Pulmonary Malignancy	YES NO V
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUCH SEASE CONDITION GOOD CONTRIBUTING TO DEATH SUCH SEASE CONDITION GOOD CONTRIBUTING CAUSE OF DEATH CORE CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CORE CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUT	
	(6.11)
Hour e.m. While Not While factory, streat, office bldg., etc.)	(County) (Stete)
21. I certify that (I) (this hospital) attended the deceased from 6/6/66	765, 19, that (I) (we) last
saw the deceased arve on	and on the date stated above,
22a. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S PHYS. DIRECTOR PHYS. 22d. ADDRESS	6/14/66
NAME (Type) Hamald B Day M D Preston Marvland	
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City,	town or county) (Stete)
REMOVAL (Specify) JUNE 14 1966 OENTON DENTON	MO. (3,616)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
Charles ! heare buton, hed. DANGER OR 1000	Charles Outsi
1	The state of the s

11, 20

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death NE CO the funera hours .⊆ papers. within 72 filled event. any and physician a remaya attending parent. The permit. 0 cremation, signed by the burial-transit burial, priar ta l has been the After this certificate for af detached be retained TO FUNERAL DIRECTOR: O HOSPITAL OR directar, page 3 should be filed v VR A15 (4)

S. SEX

NO

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL CREMATION.

June 27, 1966 Vienna Cemetery 24. FUNERAL DIRECTOR

M.D.

23c. NAME OF CEMETERY OR CREMATORY

CARLOS F. BARROSO

23b. DATE THEREOF

2Sa. REC'D BY DATE

22d. ADDRESS

(County) (Stote) Vienna, Maryland

EASTERN SHORE STATE HOSPITAL

23d. LOCATION (City or Town)

, n	10 MAG (10 da		
патазирнын	- GASTARN		рометиру
	January of American	BHT/U	LIABUR BUTINSPA.
	2 111	e Parimo (AU)	STATES THAN MADE S
23 2466	Builty and again	Ye was	75.8
	TOTAL THE PROPERTY		attini di baken
	Harriage (Morandache -		frowsuist
	NO ESTRON ACRES		t. Letano Schoolooden für
318201 3174 5	SECRETAR OF THE EXPLESSES		
Visati	citi (16 res.	and the latter	
Garan I			
	The Start Start Comment		
	The State of the second		
	ELECT BOOKS WATTAGE	04080 SE	
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Complete Lynn	MILE BEILD (10055	A SHIP AND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

be executed within 24 hours after death.

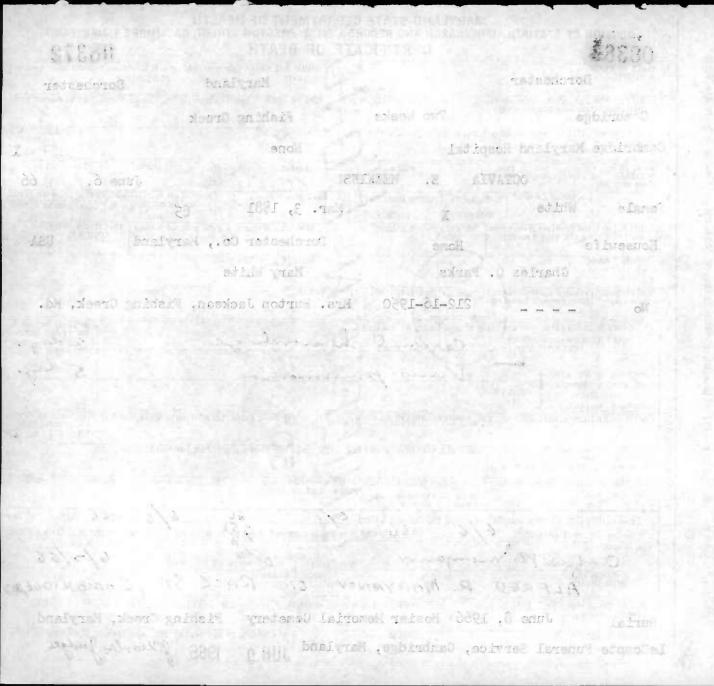
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

	08385			CERTIFICAT	E OF DEATH		8312		
	PLACE OF DEATI	H			3	E (Where deceased lived, If institution: R	esidence before admission)		
MARYLANO					a. STATE Maryland b. COUNTY Dorchester				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge Cambridge C. LENGTH OF STAY IN 1b						outside corporate limits, write RURAL	and give nearest town)		
						ng Creek	09.1		
-				ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
U	amoriage	Maryland Hos	spita	1	None		YES NO X		
	NAME OF DECEASED	First	TTA	Middle	Last	4. DATE Month	Oay Year		
	(Type or print)	OCTA		E. MEEKINS		DEATH June	6, 19 66		
5.	sex emale	6. COLOR OR RACE 7.	MARRIEO	NEVER MARRIED	8. OATE OF BIRTH	9. ACE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.		
P	emare	MITTOE	MIDOWED	DIVORCED _	Mar. 3, 1881	85 yrs.	Days Hours Mill.		
10a.	USUAL OCCUPAT	TION (Cive kind of work don Ing life, even if retired)		IND OF BUSINESS OR NDUSTRY		CC	TIZEN OF WHAT		
1	Housewif	G creu ii rećiied)		ome	Dorchester	Co., Maryland	USA		
13.	FATHER'S NAM		-	120	14. MOTHER'S MAIOE		\$010 === TO		
		Charles Q.	. Par	KS	Mary Wh	ite			
15.	WAS DECEASED	EVER IN U.S. ARMED FORCE	S? 16.		INFORMANT	Address			
(162	No unkawn)	(If yes give war or dates of ser	21	2-16-1950 M	rs. Burton J	ackson, Fishing Cre	eek, Md.		
ī	18. CAUSE DF	DEATH [Enter only one ca	use per l	ine for (a), (b), and (c).]	\		INTERVAL BETWEEN		
	PART I. DE	EATH WAS CAUSED BY:	0	001/20	remorabe	real	ONSET AND DEATH		
	331	IMMEDIATE CAUSE (a).		2000		9			
	Conditions, If	anv. which	· t.	Tirus mas			5 days		
	gave rise to	immediate (- W	1	umon-	9			
8	cause (a), si underlying caus	o lost							
NO.			CONTRIB	JTING TO GEATH BUT NOT REL	ATEO TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY		
ATI							PERFORMEO?		
Ħ.	20a. ACCIDENT	WAS UNDERLYING	1 20b. (DESCRIBE HOW INTURY OCCU	IRREO. (Enter nature of	Injury In Part I or Part II of Item 18.			
CERTIFICATION	OR CONTRIBUTI	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER	, 200.	CECONIDE NOW INJUNT DOOR	Suites (Filter Hatalo of	mjory mitale i or rait is or item 20.			
		INJURY Month, Oay, Yea		MILIDY OCCUPATED LOSS DES	CE OF INITIPY (Home for	m, 20f. (City or town) (Cou	inty) (State)		
MEDICAL	Hour a.r		While	facto	CE OF INJURY (Home, far bry, street, office bldg., et		(State)		
ME.	р.1		at work	k at work			,		
	21. I certif	y that (I) (this hospita), attend	ed the deceased from			6, that (i) (we) last		
		ceased alive on	0/6	<u>1966</u> , and tha	t death occurred at 9				
	22a. SICNATUI	RE		10	ATTENDING M	STAFF 22b. Di	ATE SICNED		
	One PUVOICE	fred 10 h	~ e~	M.I	D. PHYS. D	IRECTOR PHYS.	11/66		
	22c. PHYSICIA NAME (T)		P	MARYANOL	22d. AOORESS	RACE ST. CAI	MBRIDGE MO		
1		11-11-1				/ - 171	miz.		
23a.	REMOVAL (Spi		1966	Hosier Memor		23d. LOCATION (City, town or cou			
	Burlal	oune o,	1,00			9			
	24. FUNERAL DIRECTOR AOORESS LeCompte Funeral Service, Cambridge, Maryland 1111 0 1966 Clearles Judge:								
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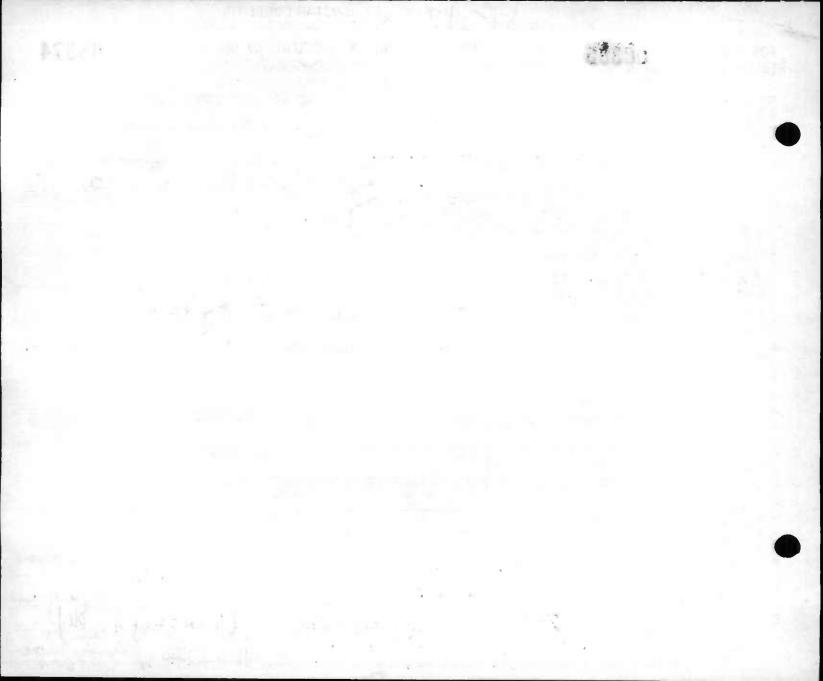


cambrid d. NAME OF HO Cambridg NAME OF DECEASED (Typa or print) SEX Male	opital or institution (if not e Maryland Hos First ALGA	Middle	c. city or town Cambi d. street addres 307 Bunl	ridge	oorata limits, write	RURAL end give	nearest to	wn)
Cambridg NAME OF DECEASED (Type or print) SEX Male	e Maryland Hos First ALGA	pital Middle						
(Typa or print) SEX Mal.e	ALGA			ter Stre	eet			A FARM
Male	A COLOR OF PACE		EIGHBORS	4. DATE OF DEATH	Month	June 8,	Yes 19	66
a. USUAL OCCUP	WILL CE W	DOWED DIVORCED	Dec. 11, 190	00	65 yrs.	Months Days	Hours	R 24 HRS
Unknow		10b. KIND OF BUSINESS OR INDUST Unknown	Easton, l	larylan		12. CITIZEN O		COUNTR
B. FATHER'S NAME	Unknown		14. MOTHER'S MAIDE					
S. WAS DECEASED (es. no. or unkown) Unk	EYER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. Unknown		tchell			aryla	nd
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Iny, which ediate ceuse underlying DUE TO (c)	Coronary occlu				OI	nsta nsta	nt nt
PART II. OT	CAUSE WAS 20b.						PERFO	NO Z
20c. TIME OF IN	JURY Month, Day, Year	WhileNot Whila fe			y or town)	(County)		(State)
21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME Type	that I took charge of the different Natural cause John Mace	Jr. M.D.	CHIEF MEDICA M.D. ASSISTANT MI DEPUTY MEDIC Address (Street	DICAL EXAMINER DICAL EXAMINER DICAL EXAMINER DICAL EXAMINER DICAL EXAMINER DICHES DICTOR DICT	determined m		DATE SIG	INED
	D. WAS DECEASED ag, no, or unkown) 18. CAUSE OF PART II. DE Conditions, if e gave rise to imm (e), steling the cause last. PART II. OTI 20e. EXTERNAL PRIMARY OF IN Hour e.m. 21. I certify death resulted ACTUAL SIGNATURE EXAMINETS NAME (Type) BURIAL, CREMA	UNKNOWN WAS DECEASED EYER IN U.S. ARMED FORCES? et and or unkown) (If yasgive were rotates of service Unk 18. CAUSE OF DEATH [Enter only one ceuse PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) (b) Gave rise to immediate ceuse (e), steling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 21. I certify that I took charge of the death resulted from: Natural cause: RCTURL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF	UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? et., no., or unkown) (If yass give were or dates of service) 16. SOCIAL SECURITY NO. 17. 18. CAUSE OF DEATH [Enter only one ceuse par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: COPONARY OCCIUS DUE TO	UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? The sum of unknown is a contract of the second o	UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? The may or unknown (Ifyasgive were dates of service) UNKNOWN 18. CRUSE OF DEATH [Enter only one ceuse par line for (a), (b), end (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate ceuse (c), stelling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20e. TIME OF INJURY Month, Day, Year While Not While Sectory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20e. TIME OF INJURY Month, Day, Year While Not While Sectory, street, office bidg., etc.) 21. I Certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Natural causes Accident Suicide Homicide Un CHIEF MEDICAL EXAMINER Address (Street, city, hown, or Address (Street, city, hown, or Address (Street, city, hown, or 22d. LOCA) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCA)	UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address of services of the service of t	UNKNOWN WAS DECEASED EYER IN U.S. ARMED FORCES? **e_ne_or unknown** (Iffyasgive were dates of service) Unknown** 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? et_ne, or unknown) [If years] (If years

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 2 USUAL RESIDENCE (Where deceased lived if institution: Residence be

FOR STATE		08385	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08374
HEALTH DEBY		PLACE OF DEATH Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institute of STATE Maryland b. COL	
after death. If any delay 8. Give Pages 1, 2, and 3 talong with farm PM3. Page with the State Department within 72 haurs after death		o. CITY OR TOWN (If outside carparate limi write RURAL and give nearest tawn) Cambridge	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RI	09-1
th. If a ges 1, farm farm farm		name of hospital or institution (if name of many idge Md. H		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
after death. If 8. Give Pages 1, along with farm with the State Dewithin 72 hours		OECEASED Type or print) Clara		P S O D D D D D D D D D D D D D D D D D D	1th Doy Year 1966 I IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
haurs aft Item 18. O Office alo Iand 2 wit event wii		Female Negro USUAL OCCUPATION (Give kind of work done	WIDOWED DIVORCED	Oct. 2, 1920 last birthday) 11. BIRTHPLACE (State or fareign country)	Manths Days Hours Min.
24 in s es iny	dur	ng most of working life, even if retired) Domestic FATHER'S NAME	Home	Maryland 14. MOTHER'S MAIDEN NAME	COUNTRY? USA
i e e		William Milbour Was Deceased Ever IN U.S. ARMED FORCES		Clara Styles	ress
d be executed d'pending" in Chief Medical Etransit permit. F	{Ye	s, na, ar unknown) (If yes give war or dates NO 18. CAUSE OF DEATH (Enter only one ca	at service)	Elbert of her	
be "pe hief ansil		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	se (a) Acute hemorrha;	gic pancreatits	ONSET AND DEATH 2 hrs
d the		Conditions, if any, which gave	(b)		
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES X NO
=	L CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.		(Enter nature of injury in Part 1 or Part II of item 18.)	
AMIN the the a the aur fill aur fill age 3 s	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19	While Not While at work fac	ACE OF INJURY (Home, form, trary, street, affice bldg., etc.)	(Caunty) (State)
at \$ 2 a c			ge of the remoins described abave, he al causes 🔼 , Accident 🔲 , Suid	cide [], Homicide [], Undetermined n	uiry, ond in my opinion nonner
o DEPUTY MEDICA necessary, please es the funeral directar. 5 may be retained a 5 FUNERAL DIRECTO Health or its design		ACTUAL SIGNATURE	mocel	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
necessary, the funeral 5 may be 10 FUNERAL Health or i	230	EXAMINER'S NAME (Type) John Mac BURIAL, CREMATION, 23b DATE TH	e Jr. M.D. HEREOF 23c. MANNE OF CEMETING OR	Address (Street, city, town, or county) C &	embridge, Md.
10 10 10		Burigation 7-3.	66 Bethe	Com ambre	COOLING (SIGNATURE)
VR A15ME (5)	T	cooker M. West	Cambridge, M	DATE JUL 5 1966	Icharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR S	TATE		08386	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08375
Page HITA	DEPT	1.	PLACE OF DEATH O. COUNTY Dorches Te	MARYLAND	USUAL RESIDENCE (Where deceosed live o. STATE	d, if institution: Residence before admission) b. COUNTY
PM3. Pa	Department at	(CITY OR TOWN (If outside corporate limits, write RURAL and give/nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	ts, write RURAL and give nearest tawn)
3	ate Depa haurs af	3 6		in hospital, give street oldress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
e Pages 1, with farm	22 ZZ	3.	NAME OF DECEASED (Type or print) MARGET First	et Donathy	OS DOTTE 4. DATE OF DEATH	Month Doy Year 20 1966
18. Give e alang w	with the	S.		7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 GRS. Hours Min. Yrs.
in Item 1	ge fand any event	10 du	. USUAL OCCUPATION (Give kind of work done in prost of working life, eyen if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
in pencil i Examiner	e po	7	EATHER'S NAME	porne	14. MOTHER'S MAIDEN NAME Elizabeth	Allardice
ng" in dical Ex	it permit. Fil remaval, an	1S (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (three give wor or dotes of s		informant of borne	Hurlock, Md.
ward "pending" i			18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	P. D	v OccLus,	INTERVAL BETWEEN ONSET AND DEATH
	o burial-transit crematian, ar re		420/ Conditions, if ony, which gove this to immediate couse (o),			
	as o II, creu	l	stoting the underlying couse lost.			
0,0	be used as ta burial,	CATION		STRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
± ₽	s. auld priar	IL CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.		(Enter nature of injury in Port I or Port II of	item 18.)
See	∓ co ⊑	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, lory, street, office bldg., etc.)	or town) (County) (Stote)
executor. Pag	ained far y IRECTOR: Po designated			af the remains described above, he causes Accident, Suic		Inquiry , and in my apinian mined manner
please e	retain L DIRE its des		ACTUAL SIGNATURE	me	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
necessary, the funera	5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	00	EXAMINER'S DO H A	MACE YR.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cou	
	2 º º º	E	BURIAL CREMATION, 23b. DATE THERI REMOVAL (Specify) FUNERAL/DIRECTOR FUNERAL/DIREC	66 EAST NEW	CREMATORY 233_LOCATION 250_REC'D BY REGISTRAR	(Cody) (Stole)
	A15ME (5)	X	itt S. Filloughly	Cost The Mer	LEST VIN 2 3 1966	2000

. (1) The state of the property A SECOND TO THE RESERVE THE PARTY OF THE PAR The second of the second of the second a comittee A COLD STREET Today to some the wind in a will be The state of the second states Carrier Chickenson Constitution 12 11 3 Little and the transfer of the faithful that The state of the s

FOR STATE with he State Department of necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page delay is the State Department of This certificate shauld be executed within 24 haurs after death. If pages land2 Health ar its designated agent, priar ta burial, crematian, or removal, and in any event TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File AL EXAMINER: 5 may be retained far yaur files.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH). PLACE OF DEATH

I 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

	a. COUNTY Dorchester	MARYLAND	o. STATE Mary	land b. COUN	TY DO	rchester
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	outside carparate limits, write RUR		
(ambridge	15 yrs.	Cambr	·lage		09-1
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, g	ive street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	610 Muir St.		610 Mu	air St.		YES NO K
3.	NAME OF First	Middle	Last	4. DATE Month	n	Doy Year
	DECEASED (Type or print) Edwillio	Pa	lmer	OF DEATH June	8.	19 66
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1	
	Male Negro WIDOWED	DIVORCED	March 10,	, 1933 lass birthday) yrs.	Months	Days Haurs Min.
		ND OF BUSINESS OR	11. BIRTHPLACE (Stote			ZEN OF WHAT
dui	ing most of working life, even if retired) INI Laborer	JUSIKI	Georgi	8	US	ATRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Buford Palmer		Lillian	Jerdon		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknawn) ((If yes give war ar dates af service)	OCIAL SECURITY NO. 17.	INFORMANT	Addres	SS	
(1)	No No None 21	8-30-2296 M	rs. Agnes	Palmer Camb	oridg	e. Md.
	1B. CAUSE OF DEATH (Enter anly one cause per line for					INTERVAL BETWEEN
			usion		1	THE AND DEATH
	4201 DUE TO					
	Canditians, if any, which gave) (b)					
	rise ta immediate cause (a),					
	stating the underlying cause					
		D DELTH BUT NOT BELLTED TO	THE TERMINAL DISPLACE OF	URITION AND IN CORP. IV		Tio was all topsy
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
S						YES NO X
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DES PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED	. (Enter noture af injury in	Part I or Part II af item 18.)		
MEDICAL (JURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farr	m, 20f. (City or town)	(Coun	ty) (State)
AE B	Hour a.m. While p.m. 19 at work		ctary, street, affice bldg., etc.	.)		
	p.m. 19 at work 21. I certify that I taok charge af the rem		old as Autonou 🗍	Inspection [7] Inqui		
				Inspectian 🔼, Inqui	,	and in my opinian
	death resulted from Natural causes 🗴	, Accident, Su	icide, Hamicide		inner	
	ACTUAL SIGNATURE / ALL 2	1 - 1	CHIEF MEDICAL			22. DATE SIGNED
	SIGNATURE	To Ex		DICAL EXAMINER [] AL EXAMINER [X] 6/1	10/66	
	NAME (Type) John Mace Jr. 1	W.D.				dge.Md.
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	RCREMATORY	23d. LOCATION (City or Tow		ounty) (State)
	Buriali 6/12/66	Bethel Car	metery	Cambridge	Don	Ma
24	FUNERAL DIRECTOR	ADDRESS	2So. REC'	Cambridge D BY REGISTRAR ZSb. REG	SISTRAR'S SIG	NATURE
	Helia Current C	embridge, Md	·	13 1966 200	iarles	Quoin

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TO DEPUTY



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and this hy event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1) \$277 00388

OER III IOAT	E OI BERTII
1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge Maryland Hospital	d. Street Adoress 507 Academy Street 6. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF First MIddle DECEASED (Type or print) LAURA C.	PARKS DATE Month Day Year DF DEATH June 18 19 66
5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. OATE OF BIRTH Dec. 7, 1880 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William C. Dean	14. MOTHER'S MAIDEN NAME Laura Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) Unknown Mrs	Address Milson Wheatley, Cambridge, Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	duil Infantin Interval Between ONSET AND DEATH
Cerefra (b)	I Hemorhage Iday
gave rise to Immediate cause (a), stating the underlying cause last. DUE TO Arterios Co.	otic Hear Disaine I month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	URRED. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 2 2M, from the causes and on the date stated above.
22a. SIGNATURE Course Mangan M.C.	ATTENDING MED. STAFF 6/27/66
22c. PHYSICIAN'S Lawrence Maryanov, MD	Race Street, Cambridge, Maryland
23a. BURIAL CREMATION, REMOVAL (Specify) June 21, 1966 Dorchester Me	morial Park Cambridge, Maryland
LeCompte Funeral Service, Cambridge, Mar	yla no DAYEUN 2 2 1966 GUISTRABIS SIGNATURE

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Mailiam C. Dean Saire Sobiason

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Bundard Committee Car and Committee of the Committee of t

LaConote lumeral Service, Combridge, Margin nd JUN 2 2 1966 J. Complet Laconote

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ģ	08389		CERTIFICATE	OF DEATH		083	178		
1. Pl	COUNTY DOT	chester	MARYLAND	2. USUAL RESIDENCE o. STAMaryla	Where deceosed lived, if instituted b. COU	ution: Residence before Dorche	ore odmission)		
b.	CITY OR TOWN (f outside corporate limits, I give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limits, write RI				
		e (rural)	8 mos	Cambrio	dge	09	1		
d.	NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
		Shore State			ey Street		YES NO		
D	AME OF ECEASED	First	Middle	Lost	4. DATE Moi		oy Year		
	ype or print)	Margaret		elps	DEATH June	21 I IF UNDER 1 YEAR	19 66 1 IF UNDER 24 HRS.		
S. SI			THE REPORT OF THE PARTY OF THE	. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Doys			
	male	WILLIE		1-03-74	92 Yrs.	12. CITIZEN (OF WILLY		
		(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Stote, or foreign country)	COUNTRY			
H	ousewife			Marylan		USA			
3.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	ohn Sper			Mary He	nry				
IS. (Yes.	WAS DECEASED EVE	R IN U.S. ARMED FORGES? (If yes give wor or dates of ser	vice) 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Add	ress			
(,		100		ords of the	e Eastern Shor	e State	Hospital		
T	1B. CAUSE OF DI	ATH (Enter only one couse p				10	NTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Con gestive heart failure ONSETTAND DEATH								
	HART I. DEATH WAS CAUSE (b) Con gestive heart failure 4200 DUE TO Conditions, if ony, which gove) (b) Anterioseleratic heart disease 4 years								
	Conditions, if ony, which gove) (b) and rivseleratic heart disease 4 years								
	nse to immediat stating the unde		,			200			
	lost.	(c)							
_	PART II. OTHER SI	GNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19	9. WAS AUTOPSY PERFORMED?		
9							YES NO TO		
CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Part II of item 18.)				
NE SE		CAUSE OF DEATH MEDICAL EXAMINER)							
		JRY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	m. 20f. (City or town)	(County)	(Stote)		
MEDICAL	Hour o.r	n.	While Not While focto	ory, street, office bldg., etc		. ,,,			
-	p.r	II.	at work ot work	A	10 65 1 0 1	10/. (1 1 1 1 1		
	21. I certi	ty that (I) (this haspite	il) attended the deceased fram		19 65, ta 6 -21 t 6 43 6M, fram causes		that (I) (we) las		
-	22o. SIGNATURE	eceased alive on Ju	116 21 1900, and mai	death accorred a	16 - DM, Irdin couses	22b. DATE SIG			
	ZZO. SIGNATURE	C.F Ban	195,-	ATTENDING 1	MED. STAFF	J 6.21			
-	22c. PHYSICIAN'S		M.C	22d. ADDRESS	DIRECTOR L PHYS. L	1 6 21	6 6		
	NAME (Type		maga M D		Chama Ctata I	Icanital			
]-	BUBLIC COSTA	Carlos Bar			Shore State I				
230.	BURIAL, CREMATIC REMOVAL (Specify		F 23C. MAME OF CEMETERY OR C	REMATORY	23d. 10CATION (City or T	own) (Coun	ty) (Stote)		
	13 sires	1 9 27/6	ou caus pla.	180214	cends red	1110 Kg	ma.		
24.	FUNERAL DIRECTO	RASIN	ADDRESS ADDRESS	0010		REGISTRAR'S SIGNATI			
1	Lewa	ra. 1.6. 11	1/Soughtat,	2. 2 DAGEUI	2 3 1966 4	Charles &	mage.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages—and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death.

> VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

083	90		CERTIFICAT	TE OF DEATH		003/3/
1. PLACE OF DEA	TH				(Where deceosed lived, if institution: Re	esidence before admission)
o. COUNTY	rchester		MARYLAND	o. STATE Marvla	b. COUNTY	licomico
b. CITY OR TOV	VN (If outside corporate limi	its,	c. LENGTH OF STAY IN 16		outside corporote limits, write RURAL and	d give neorest town)
write RURAL	and give nearest town)		22 months	Hebror		27-2
d. NAME OF HO	SPITAL OR INSTITUTION (If I	not in hospitol.	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
				Bradl	ey Street	ON A FARM? YES NO X
3. NAME OF	Shore State	HOSPITA	Middle	Lost	4. DATE Month	Doy Year
DECEASED					OF	
(Type or print) S. SEX	6. COLOR OR RACE	lton		hillips 8. DATE OF BIRTH	9. AGE (In years IF UI	NDER 1 YEAR I FUNDER 24 HRS.
3. JEX	O. COLOR OR RACE	7. MARRIED	NEVER MARRIED		lost birthdoy) Mon	
lale	White	WIDOWED	DIVORCED	12-27-94	/1 yrs.	
	TION (Give kind of work done		IND OF BUSINESS OR		7	2. CITIZEN OF WHAT COUNTRY?
contr	king life even if retired) Co	nstruc	etion		omico Co., Md.	USA
13. FATHER'S NAM				14. MOTHER'S MAIDEN		
W1111	am Phillip	8			illips Phillip	
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.	INFORMANI	Trice-712 Ferno ne Eastern Shore S	allsbury, Ma.
(Yes many prinking)	wn) (If yes give wor or dotes	of service)	8-14-4069 R	ecords of th	e Eastern Shore S	State Hospital
rise to imme	ony, which gove	E TO (b) E TO (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DI	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF Hou	INJURY Month, Day, Yeor r o.m. p.m. 19	While	Not While f	LACE OF INJURY (Home, for octory, street, office bldg., etc.		(County) (Stote)
	ertify that (I) (this ha	ispital) atten	ded the deceased fram.	nat deoth occurred o	to, ta, M, from couses and	19, that (I) (we) las
220. SIGNAT		Som		M.D. PHYS.	MED. DIRECTOR PHYS.	2b. DATE SIGNED 6-6-66
22c. PHYSICI NAME (Type) FELIPE	м. ?	DOMING UE :	22d. ADDRESS.	S.H.	
230. BURIAL, CREA			23c. NAME OF CEMETERY OF Hebron Co		23d. LOCATION (City or Town) Bebron, Mar	(County) (Stote) yland
24 FUNERAL DIR	ECTOR Ø	1	ADDRESS	d/ 000-		AR'S SIGNATURE
Helen	Way to	She	lutery //	CO DATE N	7 1966 8clias	eles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicin and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please the propers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and individing event, within 72 haurs after deat

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and completely filled in by the funeral femous carbon papers. Pages 1 and 2 any event, within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Dorchester a. STATE Maryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Days East New Market d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital R.F.D. # 1 NO that the death certificate be executed within NAME OF First 4. DATE DECEASED Reuben Andrew Pinder June 1966 (Type or print) DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days Male Negro Sept. 16, 1914 WIDOWED . DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Laborer physician and ph 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Marvil Package Co. COUNTRY? Dorchester Co., Maryland USA ermit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel A. Pinder Millie F. Stanley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give war or dates of service) 217-28-4784 this certificate has been signed by the at detached for use as the burial-transit perme Dept. of Health prior to burial, cremation, Mrs. Luhittie E. Pinder. East New Market the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Mary Interval BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR ATTENDING PHYSICIAN: The law requires that the tetained by the hospital or attending physician. Gastrointestinal Bleeding DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work 7 OO to June director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from. 19. and that death occurred at 11:10 from the causes and on the date stated above. saw the deceased alive on Junga 66 22a. SIGNATURE 22b. DATE SIGNED Page 4 may M.D. PHYS. DIRECTOR PHYSICIAN' 22d. ADDRESS NAME (Type) Cambridge. Md. Edwin Fassett.M.D. Pine 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial June 9, 1966 Thompsontown Cemetery 24 FUNERAL DIRECTOR tom and Son, Federalsburg, Md. VR A15 (4) 15M 4-64

0.3830 Tritangered To the Legal Control in to .0.7.8 instead despitation . 8.7.0, dil Scuben Andrew Pinder Land Ser.C. 15, 1914 51 Day Laborer - Harvil Lacerse Lo. Dorohenses Co., Maryland Will Babbers .. Isbank William . . Studies

doctor - Jone 9, 1961s hampsoncoun Comitant, Link Sent Sent Made . Final-pipel

FOR STATE HEALTH DEPT.

Thurs after death. If any delay is 1,7m 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, cremation, or removal, and in any event within 72 haurs after death in pencil TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within necessary, please execute the certificate, writing the ward "pending" 5 may be retained far your files.

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VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2

	08392		MEDICAL EXA	MINER'S	CERTIFICATE O	F DEATH	ne, man teams	083	381
1.	PLACE OF DEATH	W-			2. USUAL RESIDENCE (Where deceosed li	ved, if institution: Re b. COUNTY	sidence before	odmission)
	D	orchester	I ISUOTI O	MARYLAND	Mar	yland	D	orche	
	write RURAL and	If outside corporate limits, d give neorest town)	c. LENGTH O		c. CITY OR TOWN (If or		mits, write RURAL on		
L	Camb	oridge TAL OR INSTITUTION (If not in	In	fe	d. STREET ADDRESS	bridge		09	. IS RESIDENCE
	1.014			622)	И .	le ne	- Ch		ON A FARM?
3	NAME OF	FINE SU	reet	dle	1.01	4 Pine	Stree Month	Doy	Year
	DECEASED (Type or print)	Sarah	Conor		Pinder	OF DEATH	June	16	19 66
S.	SEX			MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF U	NDER 1 YEAR	IF UNDER 24 HRS.
	Female	Negro	WIDOWED 😾 D	VORCED	Tune 27. 1		st birthdoy) Moni	ths Doys	Hours Min.
100		N (Give kind of work done	10b. KIND OF BUSINES	S OR	11. BIRTHPLACE (Stote		y) 1	2. CITIZEN OF COUNTRY?	WHAT
	Lavor	er	TRUOSTRY			yland		US	A
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
10	WAS DESCRISED BY	Charles W	Demby 16. SOCIAL SECURIT	V 110		nnetta	Conowa	У	
(Y	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of se	rvice)		INFORMANT		Address		
-	No	EATH (Enter only one couse p	217-10-8		Loretta	Young	Camb	ridge	RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Ci	, ,					ET AND DEATH
	42	IMMEDIATE CAUSE (o).	OUI OHAL'Y	OCCIUS	3.1.011				DO WILL
	Conditions, if ony	, which gove) (b)							
	rise to immediat								
	lost.	(c)							
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN	PART 1(o)		WAS AUTOPSY PERFORMED? S NO **
CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DESCRIBE HOW IN	JURY OCCURRED.	(Enter noture of injury in	Port I or Port II o	f item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.r	10	20d. INJURY OCCURRE While Not While of work of work	e foc	CE OF INJURY (Home, farm tory, street, office bldg., etc.)		ty or town)	(County)	(Stote)
	21. I certif	y that I taak charge o			eld an Autopsy	Inspection	X , Inquiry	, ond	in my opinian
	death result	ted from: Natural c	ouses 📑 Accider	nt 🔲, Suid	ide 🔲, Hamicide	, Undet	ermined manner		
	ACTUAL		7	9	CHIEF MEDICAL	EXAMINER		-	
	SIGNATURE	John 1	my	٦	M.U.	ICAL EXAMINER			2. DATE SIGNED
	EXAMINER'S NAME (Type)	John Mace			Address (Street	AL EXAMINER 🏖 t, city, town, or co	0/20/	66 ridge	, Md.
230	 BURIAT, CREMATIC REMOVAL (Specify 	1		OF CEMETERY OR	CREMATORY		ON (City or Town)	(County)	(Stote)
2.	Burial	6/18/	66 ADDRI	Waugh	2So. RECI			Dor .	Md.
24	THE WEST OF THE PARTY OF THE PA	ick C. St.	Clair	nbridge		IN 27 7	966° REPOR	artes	Judge
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

18382

1.	PLACE OF DEATH	n Orchester	LAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester								
	b. CITY OR TOW Write RUBAL Rural -Wi	N (if outside corporat and give nearest town ngate	e limits, n)	c. LENGTH OF STAY		c. CITY OR TOW	N (If outside o		s, write RUR	AL and glv	nearest	town)
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in ho	spital, give street a	ddress)	d. STREET ADDR					ON A FA	
	NAME OF DECEASED (Type or print)	ARCI	HIE	Middle I.	POW		4. DAT OF DEA	АТН	June		13	66
	sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		May 27, 1	1884	82 y	lay) Months	Days	Hours	24 HRS. Min.
l0a dur	I. USUAL OCCUPAT Ing most of work Housewi	FION (Give kind of work of ing life, even if retired LIE)	d) IN	ND OF BUSINESS OR DUSTRY HOME			ster Co.	, Maryl		CITIZEN	OF WHAT US	A
13. FATHER'S NAME Charlie Jones 14. MOTHER'S MAIDEN NAME Mary Dean												
		EVER IN U.S. ARMED FO	(aniwan)	social security no known	Mr.	Reginal	d Powley	r, Winga	ddress ite, Ma	ryla	nd	
		immediate ((a) MYELO TO	,	, -	IA				INTE	RVAL BET ET AND D	WEEN EATH
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	SE LAST. SIGNIFICANT CONDITION WAS UNDERLYING TO CAUSE OF DEATH TIFY MEDICAL EXAMINATION	TH 20b, D	TING TO DEATH BUT N						YE	WAS AUT PERFORM S	
MEDICAL	20c. TIME OF Hour a.r		Year 20d. IN While at work	Not While	20e. PLAC factor	E OF INJURY (Hor y, street, office blo	me, farm, 20f dg., etc.)	. (City or tow	rn) (C	ounty)	(Si	tate)
		Per / S	ital) attende 13-66 Occ E. BUNK	uler		22d. ADDRES	MED. DIRECTOR	from the cau	22b.	the date side 1-66	e stated GNED	
24	Buria 1	oury r	, 1966	23c. NAME OF CI Dorcheste ADDRESS Cambridge	er Me	morial Pa		LOCATION (CI ambridge GISTRAR 25th	Mary REGISTRA	rland		
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Items 18-21 Film G378 6/MARYEAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Page d, death. Dorchester Maryland MARYLAND Dorchester delay b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 2, o... write RURAL and give nearest tawn) after Vienna - Rural Vienna - Rural 8 months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form haurs Rhodesdale - Vienna Road Pages YES X NO Rhodesdale - Vienna Road ate 24 hours after death. 8. Give Page alang with f 3 NAME OF Middle 4. DATE Last Manth Dav s St Year DECEASED OF Johnson Herbert Prince 21 June 19 66 (Type or print) DEATH within IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 23 birthday) Aug. 31, 1942 Male Negro WIDOWED DIVORCED event 2 and 11. BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired)

Day Laborer INDUSTRY COUNTRY? St. George, South Carolina any Farm USA pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME __ Exami Willie Prince Murdis Johnson be executed will File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E permit. (Yes, na, or unknawn) (If yes give war or dates of service) removal Unknown Roosevelt Mitchell, Vienna, Md., RFD #1 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH /Pending/ Extensive burns and 0 IMMEDIATE CAUSE (o) This certificate shauld the ward crematian, CONCOR Conditions, if ony, which gave (b) carbon monoxide poisoning. rise to immediate cause (a), DUE TO stating the underlying cause 0 ne certificate, writing t shauld be farwarded OS burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? CERTIFICATION the certificate, YES Y priar ta pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 shauld PRIMARY or CONTRIBUTING STEAL EXAMINER: CAUSE OF DEATH. Burned in car. agent, p 20e. PLACE OF INJURY (Hame, farm. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year (City or town) (Caunty) factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Page at wark 19 66 Rhodesdale Dor. Md. Page at wark please execute its designated 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inquiry [Inspection . and in my apinian the funeral director. Accident X death resulted fram: Natural causes Suicide Hamicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 6-21-66 Waddless Street, My Sown, a County NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION (County) REMOVAL (Specify) June 23.1966 | Shady Grove Cemetery St. George South Carolina
250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAJURE Jea, Funeral Firemptom, and, Son, Federal Sburg, Maryland Milarles Judge from tramston

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(State)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)				
Dorchester MARYLAND	a. STATE Maruland b. COUNTY Donchester					
b. CITY OR TOWN (if outside corporate limits, write RURAL and, give nearest town)						
write RURAL and give nearest town) (ambridge Years						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	(ambridge 09-1					
	d. STREET AOORESS	e. IS RESIDENCE ON A FARM?				
102 West End Ave.	102 West End Ave. VES NO					
3. NAME DF First Middle	Last 4. DATE Month	Day Year				
(Type or print) Georgia A. Pritchett	DEATH 6,	1 166				
	8. DATE OF BIRTH 9. AGE (In years IF UNDER:					
Female White WIDOWED DIVORCED	4/4/1878 last birthday) Months	Days Hours Min.				
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT				
during most of working life, even if retired) INDUSTRY	CO	UNTRY?				
Housework 13. FATHER'S NAME	Dorchester Maryland 1	JJA				
John H. Insley	Elizabeth Todd					
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITYND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT					
no Z13-18-49910 M	rs. Everest Neunam, Easton, M	2				
18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	& Anomia	ONSET AND DEATH				
IMMEDIATE CAUSE (a)	T- DOTOCOTO (O)					
Conditions If any which \ OUE TO	1. (1.1)	7				
gave rise to immediate (b)	ages (V)					
cause (a), stating the OUE TO						
underlying cause last. (c)						
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?				
(A)		YES ND				
20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)					
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT REL						
	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)				
	ry, street, office bldg., etc.)	(0.000)				
p.m. 19 at work at work						
21. I certify that (I) (this hospital) attended the deceased from 2	nar, 1964, to 6/1, 196	E, that (I) (we) last				
saw the deceased alive on / / 6 9 19, and that	t death occurred atM, from the causes and on th	e date stated above.				
22a. S/GNATURE	· ·	TE SIGNED				
I amb a home poon M.D.	ATTENDING MEO. STAFF DIRECTOR PHYS.					
22c. /PHYSICIAN'S	22d. ADORESS /	111				
NAME (Type)	(anchildes	Ma				
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)				
REMOVAL (Specify)	As As the					
Burial 6/3/1966 Donchester /	1 25a. REC'D BY REGISTRAR! 25b. REGISTRAR!	S SIGNATURE				
MAURICE E. NEUNAM & SON, Easton, Md.						
MICHOC C. HEMPTH & JOH, Cascole, Ma	DAUN 3 1966 Charle	Judas				

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Assessment Language Committee Commit

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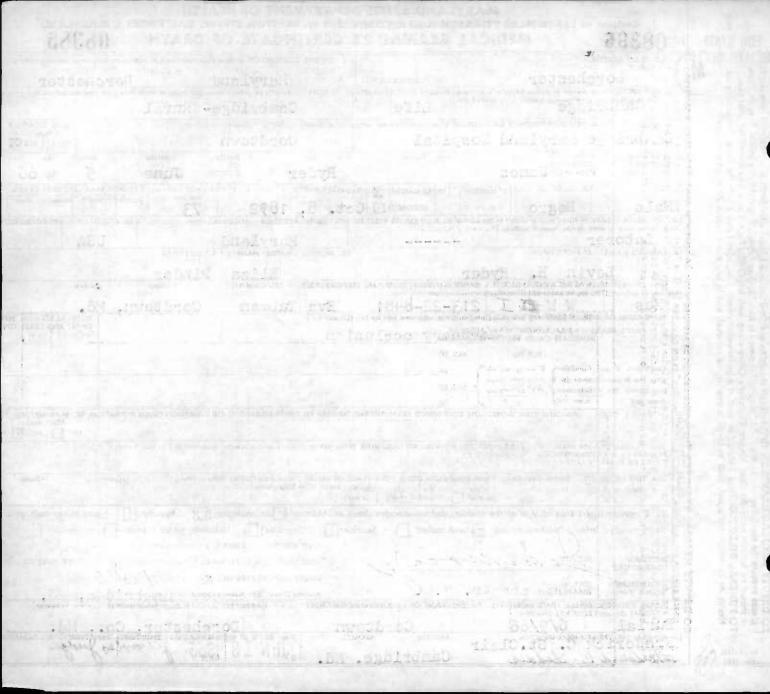
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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, if institution; Residence before edmission) e. COUNTY b. COUNTY ould be executed within 24 hours after death. If any delay is necessary, "in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page Office along with form PMS, Page 5 may be retained for your files. burial-transit permit. File peges 1 and 2 with the State Department of n, or removal, and in any event within 72 hours after death. Dorchester MARYLAND Dorchester b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Life Cambridge- Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital Cordtown YES INO DE 4. DATE 3. NAME OF Month Day DECEASED Ryder James DEATH June 66 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Male Oct. 8. WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign eountry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit. File Levin Eliza Pinder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 4. (Yas, no, or unkown) | (If yas give war or datas of servica) Yes Cordtown. Md. Tubman 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Mins. IMMEDIATE CAUSE (a) DUE TO This certificate should Conditions, if any, which cremation, please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CTO FUNERAL DIRECTOR: Page 3 should be used as a E Health or its designated agent, prior to burial, cremation. gava rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work - et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X X Inquiry and in my opinion EDICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 6/10/66 DEPUTY MEDICAL EXAMINER TO O DEPUTY EXAMINER'S John Mace Addrass (Street, city, town, or county) Cambridge, NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Spacify) Dorchester Co. M. 248. REC'D BY REGISTRAR 248. REC'D BY REGISTRAR 248. REGISTRAR 3. SIGNATURE 6/9/66 Cordtown VR A15ME Cambridge. 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 08397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) d. COUNTY b. COUNTY Maryland Dorchester delay is and 3 ta P.M.3. Page Department of MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge after Cambridge B. O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm haurs 8. Give Pages 1, Cambridge Md. Hospital State [Pine St. Ext. be executed within 24 haurs after death. alang with 3. NAME OF First Middle 4. DATE Month Lost DECEASED John Saunders June within (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED WIT birthday) Male Negro DIVORCED event Item] 7 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY Maryland Laborer ward "pending" in pencil in the Chief Medical Examiner pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. Ues 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY sclerosis coronar Emphysema. IMMEDIATE CAUSE (o). This certificate shauld cremation, DUF TO Conditions, if ony, which gove te, writing the v farwarded ta th rise to immediate couse (a). DUE TO D stoting the underlying couse burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION 10 pe 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, priar 3 shauld PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection Inquiry the funeral director. deoth resulted from Natural couses Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

Jr.

John Mace

West

VR A15ME (5) 6M 1/66

TO FUNERAL Health ar

2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR Cambridge, Md.

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

Porchester

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

Months

IS RESIDENCE ON A FARM?

YES NO X

Year

IF UNDER 24 HRS

INTERVAL BETWEEN

19. WAS AUTOPSY PERFORMED?

NO

(State)

ond in my opinion

22. DATE SIGNED

YES X

(County)

Cambradge

6/11/66

19 66

But British Comb.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiofan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	a. COUNTY Dorches	ter	MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester				
	b. CITY OR TOWN (if outsid write RURAL and give no Rural—Cambride		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Cambridge				
5	d. NAME OF HOSPITAL OR II Airey's Road,		hospital, give street address)	d. STREET ADDRESS	Road, RFD No	. 2	e. IS RESIDENCE ON A FARM? YES A NO	
	NAME DF DECEASED (Type or print)	First WILLIAM		NTON Last	4. DATE N DF DEATH	June 1,	19 66	
	ale 6. COLOR Whit	OR RACE 7. MARRIE		8. DATE OF BIRTH March 6, 18	94 last birthd	ears IF UNDER 1 YEA day) Months Oays	Hours Min.	
duri	USUAL OCCUPATION (Give king most of working life, even Self Employed	n If retired)	KIND OF BUSINESS OR INOUSTRY Blacksmith		county & State, or foreign cor Co., Md.	ountry) 12. CITIZE COUNTI	N OF WHAT RY? USA	
13.	FATHER'S NAME Le	vin Shenter	1	Jane Mi				
(Yes	WAS DECEASED EVER IN U.S. s, no, or unkown) (If yes give w	-u an datas of comies		INFORMANT S. Wm. H. S	henton, RFD	ddress 2, Cambrid	lge, Md.	
CERTIFICATION	20a. ACCIDENT WAS UNDER	OUE TO (b) DUE TO (c) CONDITIONS CONTRIC	LUX SULLANDING TO DESCRIBE HOW INJURY OCCI			EN IN PART 1(a) 19	9. WAS AUTOPSY PERFORMED?	
MEDICAL CER	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDIC.) 20c. TIME OF INJURY Mohour a.m. p.m. 21. I certify that (I) (22a SIGNATURE 22c. PHYSICIAN'S NAME (Type) Jam 23c. PHYSICIAN'S NAME (Type) Jam	nth, Day, Year 20d. While 19 at wo this hospital) atten	Not While factor at work ded the deceased from and that	t death occurred at D. ATTENDING PHYS. 1 22d. ADDRESS	960, to June M., from the cau	1964 ses and on the da 22b. DATE S 6/2/	SIGNED 66	
24.	BURIAL, CREMATION, 231 REMOVAL (Specify) BURIAL FUNERAL OIRECTOR	n A, 1966	23c. NAME OF CEMETER East New Mark ADDRESS Cambridge, Mar	Y OR CREMATORY et Cemetery 25a. RE	C'D BY REGISTRAR 25b	ty, town or county) Market, Ma	(State)	

VR AI5 (4) 20M 1/65

Indiana Mrs. M. Stenken, EFT 2, Cabiting, NA.

Daniel James V. Manager, MD Locast Mt., Camer Jones

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telegate Francisco Company Landywall on Marryland Just 6 1866 Miles A. Just

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00200			CERTII	FICATE	OF DEATH	1				118	38	8
1. PLACE OF DEATH					2. USUAL RESIDEN	CE (Where de	ceased lived,			nce before	odmissic	on)/
o. COUNTY	CHESTER		MΔR	YLAND	O. STATE MARYL AND B. COUNTY TALBOT							
b. CITY OR TOWN	(If outside corporate limit	ts,	c. LENGTH OF STAY		c. CITY OR TOWN (porote limits,	write RU			town)	
	nd give nearest tawn)		4 WEE	KS	EASTON				-	7 ^	1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital.		11.0	d. STREET ADDRESS	;				Sull.	e. IS RESID	DENCE
	ORE STATE									,	ON A F	NO X
3. NAME OF		irst	Middle		Last	4. DA		Mon		Doy	Yeo	ar
(Type or print)	ANN	E	C	S	HIPHERD	OF DEA		UNE				66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8	. DATE OF BIRTH		9. AGE (In	rthday)	IF UNDER Months	1 YEAR Davs	IF UNDER	R 24 HRS.
FEMALE	WHITE	WIDOWED	DIVORCE	D 🔲	東 9/1	8/73	93	Yrs.	MOITINS	Duys	110013	JWHII.
during mast of workin	N (Give kind af wark dane plife, even if retired)		IND OF BUSINESS OR HOUSTRY	E	11. BIRTHPLACE (Co	ounty & State, o	ar fareign cou	ntry)	CC	TIZEN OF DUNTRY?	WHAT	
13. FATHER'S NAME	I PROPERE	1	/4 // 01/	f-un-	14. MOTHER'S MAIL	DEN NAME						
	rge Seldo	ונות מו	7 1100									
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	of service) 16.	SOCIAL SECURITY NO.		FORMANT	riett	Smi	Addre	ess			
NO		12	-20-42-99	4/17 H	OSPITAL R	RECORDS	5					
	DEATH (Enter only one co ATH WAS CAUSED BY:	use per line fa	r (a), (b), and (c).)	-				-45			RVAL BET	
PAKI I. DE	IMMEDIATE CAUSE	(a) MUL	TIPLE PULM	10NARY	INFARCTS	NITH	INFAR	CT		OIV.	ILI AND L	ZAIII
465		E TO PN	EUMONIA									
Conditions, if an		(b)										36
rise to immedia		E TO										
last.)	(c)		51								2.1
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								WAS AUTO PERFORM	OPSY NED?		
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY (OCCURRED. (Enter noture of injur	y in Part I or	Port II of ite	em 18.)			123	
Hour o	JURY Month, Day, Year .m. 19	While	NJURY OCCURRED Nat While at work		E OF INJURY (Home, ary, street, affice bldg.		Of. (City o	r town)	· (Ca	ounty)		(State)
21. I cer	tify that (I) (this ha	spital) atter	ided the deceased	fram	5/27	, 19 66	, ta	6/2	0, 19_	66, th	at (I) (we) las
	deceased alive an_	6/20	19 66,	and that	death accurred							
22a. SIGNATUR	W keel	8	all los	Det M.D	ATTENDING D	MED.	P.M.	TAFF HVS.		DATE SIGN 21/6		
	22c. PHYSICIAN'S NAME (Type) Pe Le W. Riecket E-New Market								K	(d)	Ť.	
230. BURIAL, CREMAT	ION, 23b. DATE TH	HEREOF	23c. NAME OF CEN	METERY OR C	REMATORY	23d	LOCATION	City or To	own)	County) (Stote)
REMOVAL (Speci	(V) 6-7	21-60	Alexa	in	HEED	5	Tools	n	1	all	. 7	no
24. FUNERAL DIRECT	OR C		ADDRESS	71	2Sa.	REC'D BY REC	GISTRAR	2Sb. R	EGISTRAR'S	. 40%		1
100%	Clark		Balo	1	DATE	IIIN o	2 1966	0	Clear	les &	udg	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. There please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar remayer, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

3 ξ, BAR STORY BARN OF HURSELL

FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. IO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ORLAND nocon

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00400				
1. PLACE OF DEATH • COUNTY Dorchester		CE (Where decessed lived, If		nce before edmission)
MARYLAND				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Cambridge c. LENGTH OF STAY IN 1b LO years	c. CITY OR TOWN (If outside corporete limits, writ	e RURAL end give	neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 412 Academy Street	d. STREET ADDRESS	James Charlet		IS RESIDENCE ON A FARM?
		lemy Street		YES NO X
(Type or print) ALVERTA F. SMITH	Last	4. DATE Mont	June 1,	
Female White WIDOWED DIVORCED 00	ct. 15, 1903		Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Home	Roddville,		USA	OF WHAT COUNTRY?
13. FATHER'S NAME Lewis W. Meredith	Nora A.			~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes go, or unkown) (Ifyesglvewerordelesofservice) 215-14-3246 Mrs		, Federalsburg		nd
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) General carcinon	natosis			TERVAL BETWEEN NSET AND DEATH
1992 DUE TO				WE RIET
Conditions, if eny, which gave rise to Immediate couse				
(e), stating the underlying but to cause lest.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURSED. (E	RELATED TO THE TERMIN	VAL DISEASE CONDITION GIV		19. WAS AUTOPSY PERFORMED? YES NO X
	Enter neture of Injury in P	ert I or Pert II of item 18.)		
	E OF INJURY (Home, farm ry, street, office bldg., etc.		(County)	(Stete)
21. I certify that I took charge of the remains described above, held	d an Autopsy, de, Homicide	Inspection X. Inquir		in my opinion
	CHIEF MEDICAL E			
ACTUAL SIGNATURE John Money.	M.D. ASSISTANT MEDI	ICAL EXAMINER [/2/66	DATE SIGNED
EXAMINER'S John Mace Jr. M.D.		, DO	ambridge	e. Md.
220. Burial, Cremation, 22b. Date thereof Burial Jun 3, 1966 Dorchester Memory Burial	CREMATORY	Cambridge, M	n, or county)	(Stote)
23. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Mar	yland JUN 6	1966 JCL	eistrar's signational formation	

VR AISME 1/63

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CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

	00104		CERTIFICATE			08301
1 6	LACE OF DEATH		JENTINIANIE III	2. USUAL RESIDENCE (Where deceased li	ved if institution Peridence	e hefere admission)
	COUNTY	D		o. STATE ,	b. COUNTY	e beidie dumission)
	CITY OD TOWN (II	DORCHES	C. LENGTH OF STAY IN 1b	MARYIAN		CHESIER
b.	write RURAL and	outside corporate limits, give nearest tawn)		c. CITY OR TOWN (If autside carparate lin		nedrest town)
		RIDEE	19 days	CAMBRIDE	5C	e. IS RESIDENCE
d.		OR INSTITUTION (If not in h		d. STREET ADDRESS	11	ON A FARM?
1		DHORE O	TATE NOSP.	MATTIEMERRICK	18549, Wol	me YES NO
D	AME OF ECEASED (ype ar print)	Elston	Hudsop 5	TEWART DEATH	Manfh 6	26 1966
S. SI	M	1	ARRIED NEVER MARRIED B. DOWEDY DIVORCED 9		ist birthday) 7 2 yrs. IF UNDER 1 Manths	YEAR IF UNDER 24 HRS. Days Haurs Min.
durin	USUAL OCCUPATION (ag most of warking life and the state of the state	Give kind of work done Ret	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign	country) 12. CITI	IZEN OF WHAT INTRY? U.S.A.
13.	FATHER'S NAME		ewart	14. MOTHER'S MAIDEN NAME Geneva Bramble		
(Yes	, na, ar unknawn) (I	NU.S. ARMED FORCES? f yes give war or dates af serving. Yes. W. War 1	ice) 16. SOCIAL SECURITY NO. 17. IN	FORMANT SHORE	Address State	Wosp.
T	18. CAUSE OF DEA	TH (Enter anly ane couse per	r line for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	/	WAS CAUSED BY: IMMEDIATE CAUSE (o)	Memis			ONSET 7810 DETTI
	600	DUE 10	DA AA			PERMIT
	Conditions, if ony, was to immediate		Inone phase	7		
	stating the underly		0			THE PLANT
	last.) (c) _				
ATION	PART II. OTHER SIG	RIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS I OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II a	f item 18.)	
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Manth, Day, Yeor 19		E OF INJURY (Hame, form, ry, street, office bldg., etc.)	ty or tawn) (Cou	nty) (State)
	21. I certify	that (I) (this haspital) attended the deceased fram - 26 1966, and that	death accurred at 10 2 M, fr	26 - 26 , 196 am causes and an th	, that (I) (we) las
	22d. SIGNATURE	19	0 01			ITE SIGNED
	Jan	rest	mil M.D	. PHYS. L DIRECTOR L	PHYS. 126	Gene 136/2
	PHYSICIAN'S NAME (Type)	Tames F	5mith	22d ADDRESS	use State	Hospital
230.	BURIAL, CREMATION REMOVAL (Specify)	- 0		REMATORY 23d. LOCATION Churchyard Chur	,	(Caunty) (State)
24.	Burial FUNERAL DIRECTOR	June 28	ADDRESS	2Sa. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SI	
	the way	R.11 - 4	Combinidant	1- DAILUN 29 191	50 Minule	en Judge
1	1 VILARDIA	I THE MENTER				U.F.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicign and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in Any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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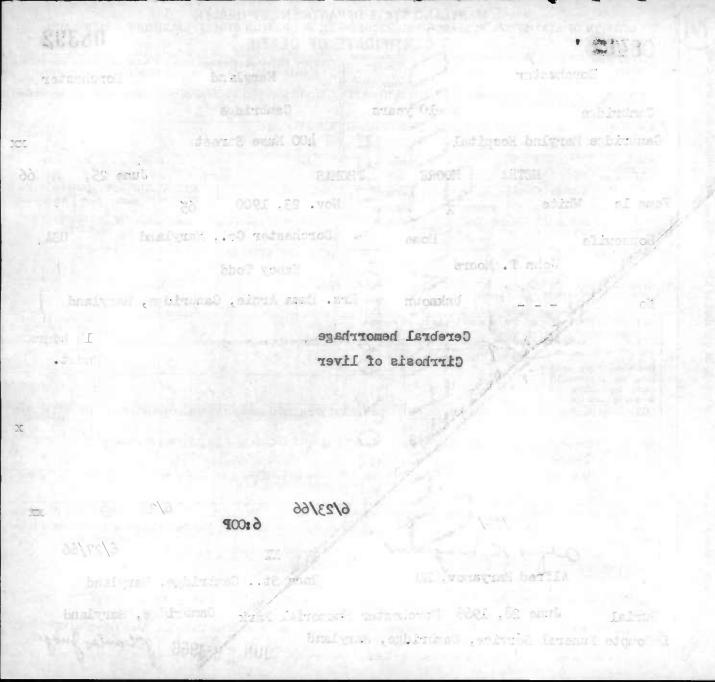
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND		chester	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. LENGTH OF STAY IN 1b 10 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge Marylnd Hospital	d. STREET ADDRESS 400 Muse Street	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First Middle DECEASED (Type or print) NETHA MOORE THO		Day Year 25, 19 66	
Fema le White WIOOWED X DIVORCED	140V • 25, 1900 65 yrs.	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY HOME	Dorchester Co., Maryland 12. Cl	USA	
John T. Moore	14. MOTHER'S MAIDEN NAME Nancy Todd		
	INFORMANT Address S. Emma Arnie, Cambridgek Mary	land	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrham	age	INTERVAL BETWEEN ONSET AND DEATH 14 hours	
Conditions, if any, which gave rise to immediate cause (a), stating the	ver	Undet.	
Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO CO	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLAC factor while p.m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bldg., etc.)	nty) (State)	
21. I certify that (I) (this hospital) attended the deceased from 6,	death occurred at 100 M, from the causes and on the causes are caused by the caused by the causes are caused by the caused		
22c. PHYSICIAN'S NAME (Type) Alfred Maryanov, MD	22d. ADDRESS Race St., Cambridge, Maryla	nd	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial Specify June 28, 1966 Dorchester	memorial Park Cambridge, Mar	yland	
24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Mary	25a. REC'D BY REGISTRAR 25b. REGISTRAR'		

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r death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00300	OEKIII IOATE	OI DEATH		00085
1. PLACE OF DEATH a. COUNTY				titution: Residence before admission)
Dorchester	MARYLAND	a. STATE Maryl	and b. coun	Dorchester
b. CITY OR TOWN (if outside corporate limits.	LENGTH OF STAY IN 1b			Ite RURAL and give nearest town)
write RURAL and give nearest town)	Unk.		Cambridge	
Rural - Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	oampt.Tage	e. IS RESIDENCE
				ON A FARM?
Cambridge Maryland Hosp		R.F.D.# 1	Bayly Rd	
3. NAME OF First DECEASED	Middle	Last 4. D	ATE Month	Day Year
(Type or print) Herman H		ALLCALL	EATH June	11 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male Negro WIDOWED		une 20, 1905	60 yrs.	Mondas Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer	John	UNK.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	/E	UUA
UNK.		TT	NK.	
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16, SO	CIAL SECURITY NO. 17.	NFORMANT	Addres	SS .
(Yes, no, or unkown) (If yes give war or dates of service)		Helen Tilghm		Como
		Helen Tilghm	an	Same
18. CAUSE OF DEATH [Enter only one cause per line				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardi	ac Decompen	sation and U	remla	
442X DUE TO				
Conditions, If any, which) (b) Arter	iosclerotic	Cardiovascu	lar Renal	. Disease
gave rise to immediate (
underlying cause last. (c)				STORY OF THE STORY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	A V TOSTON			PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of Injury	In Part I or Part II o	
20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 20b. DES (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	JRY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,) 2	Of. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a.m. While p.m. 19 at work	Not While factor	, street, office bldg., etc.)	or (orty or town)	(ocurry)
₩ p.m. 19 at work	at work			
21. I certify that (I) (this hospital) attended	the deceased from	lay 19, 19 66	to June	17.19 (that (I) (we) last
saw the deceased alive on July	1966, and that	death occurred atN	from the causes	and on the date stated above.
22a. SIGNATURE				22b. DATE SIGNED
Jan	M.D.	ATTENDING MED. DIRECTO	OR PHYS.	6-11-66
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
NAME (Type) J. Edwin Fass	ett, M.D.	727 Pine	Street	Cambridge, Md,
23a. BURIAL CREMATION, 23b. DATE THEREOF	3c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, to	wn or county) (State)
Burial 6/14/66	Bethel		Cambridg	d. Md.
24. FUNERTOBERICK C. St.Cla		25a. REC'D BY	REGISTRAR 25b. R	GISTRAR'S SIGNATURE
Malanda Con State	Cambridge,	Md. DATE UN 2	7 1966 8	liarles Judge
- Charles Chiles Continued	January Mago,	DATE		

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MARYLAND STATE DEPARTMENT OF HEALTH

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